



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joseph Hummel
Serial No.: 07/968,209
Filed: October 29, 1992
Title: KNITTABLE YARN AND SAFETY APPAREL
Docket No.: 10-142C2

Watts, Hoffmann, Fisher &
Heinke Co., L.P.A.
100 Erieview Plaza
Suite 2850
Cleveland, Ohio 44114

Commissioner of Patents and Trademarks
Washington, D. C. 20231

RESPONSE

Dear Sir:

In response to the Office Action mailed November 22, 1993, applicant elects to prosecute Species I illustrated in Figure 1 if no generic claim is finally held allowable.

The claims readable on the elected species are claims 1, 2, 3, 5, 6, 7*, 8*, 9*, 10*, 11, 12, 15, 16, 17, 18, 25, 26, 35 and 36.

The claims designated with an asterisk (*) are readable on the elected species in view of the disclosure on page 6, line 2-9.

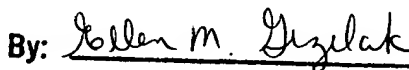
Respectfully submitted,

Date: December 22, 1993


James G. Watterson
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I hereby certify that this paper is being deposited with the U.S. Postal Service as 1st Class Mail addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231 on 12-22-93.

By: 



GP 2405
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Joseph Hummel
Serial No.: 07/968,209 Group No.: 2405
Filed: October 29, 1992 Examiner: J. Hail
For: Knittable Yarn and Safety Apparel

Commissioner of Patents and Trademarks
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is
- ☐ a small entity — verified statement:
 - ☒ attached.
 - ☒ already filed.
 - ☐ other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Date: 12-22-93

Ellen M. Grzelak

(Type or print name of person mailing paper)

Ellen M. Grzelak

(Signature of person mailing paper)

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply

(complete (a) or (b) as applicable)

(a) ☐ Applicant petitions for an extension of time for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	360.00	180.00
<input type="checkbox"/> three months	840.00	420.00
<input type="checkbox"/> four months	1,320.00	660.00
		Fee \$ _____

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

(b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDITIONAL FEE	RATE ADDITIONAL FEE
TOTAL 65 MINUS 84		X 11.00	\$	X 22.00 \$
INDEP. 3 MINUS 7		X 37.00	\$	X 74.00 \$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			X 115.00 \$	X 230.00 \$
			TOTAL \$	OR TOTAL \$
			ADDITIONAL FEE \$	

If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

(complete (c) or (d) as applicable)

(c) ☒ No additional fee is required

OR

(d) ☐ Total additional fee required \$ _____

FEE PAYMENT

5. ☐ Attached is a check in the sum of \$_____.
- ☐ Charge Account No. _____ the sum of \$_____.
- A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, this is the request therefor and to charge Account No. 23-0630.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 23-0630.

Reg. No.: 20,180

Tel. No.: (216) 623-0775


SIGNATURE OF ATTORNEY

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Type or print name of attorney
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